

Report of Health and Medical Subpanel to Secure Commonwealth Panel
April 23, 2008

- Health and Medical Subpanel Focus: Advisory for VDH EP&R Program
 - Meeting on April 1, 2008
 - Update on planning for Trauma Surge in Virginia – major initiative lead by Chair of Trauma Committee of EMS Advisory Board
 - Expand ability of non-trauma centers and non-burn centers to provide trauma and burn care through stockpiling of supplies and medications (only 4 medications – narcotic, antibiotic, tetanus toxoid, topical silvadine)
 - Assure adequate response plans for healthcare facilities – hospitals, long term care facilities, assisted living facilities
 - Engage all healthcare providers in emergency preparedness efforts: pandemic influenza, roles in hospitals, alternate care facilities including shelters, awareness of regional planning efforts (hospitals, other healthcare facilities)
 - Plan for collaboration with the Medical Society of Virginia Foundation – similar to outreach efforts to limit antibiotic use
 - Healthcare in resource limitation situations/Alternate Standards of Care – extending to implementation stage in hospitals, including application for CDC funding
 - Liability protection for healthcare providers in disaster situations – new legislation
 - HB403/SB657: Liability protection for healthcare providers involved in response to declared emergency when resources are limited as a result of the emergency
 - Collaboration with First Responder Subpanel
 - Special Medical Needs Sheltering Plans
 - Assist with planning for state shelters in mass evacuation situation
 - Partner with healthcare community
- Private/public partnerships
 - Must be based on business needs of BOTH state and private business
 - Virginia and VDH in specific considered model for public/private partnership
 - Contract with UPS for delivery of SNS
 - Contracts for management of antiviral stockpile (see below)
 - VDH asked to present at study group of IOM (March) and US Chamber of Commerce (May)
- Pandemic Influenza planning update
 - Public-Private partnership
 - Contract for storage/delivery of antivirals
 - Negotiations with pharmacies throughout Virginia to dispense antivirals
 - Discussions with health plans to focus state stockpile of antivirals on uninsured
 - Revision of state plan involving multiple state agencies – lead by VDEM
 - VDH responsible for health and medical components of plan
 - Extensive requirements by HHS
 - Due June 16, 2008
 - HHS review of prior state plan submitted last year was positive
 - All focus areas rated > national average
 - *Pandemic and All-Hazards Preparedness Act of 2006 financial penalties could result*

- Future Exercises
 - CDC SNS Exercise – August, 2008
 - FluEx '08 – November, 2008
- New guidelines for prioritization of pandemic influenza vaccine; considering increased use of prophylactic antivirals
- Training plan for all VDH employees
 - Every VDH employee has response role in emergency
 - Now part of EWP for ALL VDH employees
 - Training plan developed
 - Overview of roles of VDH in emergencies – incorporated into orientation
 - People get to choose which role they want to have during emergency
 - Training for EACH response role provided quarterly: EOC, ECC, Public Inquiry Line, administration/finance/logistics. Epidemiology response teams as examples
 - Emergency response role with training becomes part of individual development plan and approved by supervisor
 - NIMS training plan in place for all VDH employees, with level of training linked to emergency response role
- Performance Metrics for CDC Grant (Virginia Department of Health)
 - Agency-wide call down times
 - Participant Response (Show) Times
 - SNS standard & CRI POD / Mass Vaccination Processing Times
 - LHD Assessments using VDH and CDC (RAND) assessment tools.
 - Laboratory reporting requirements